



STATE TREASURER'S OPPORTUNITY ILLINOIS: CONSUMER LOAN PROGRAM FOR ILLINOISANS WITH DISABILITIES APPLICATION

APPLICATION TO PARTICIPATE IN THE OPPORTUNITY ILLINOIS: CONSUMER LOAN PROGRAM FOR ILLINOISANS WITH DISABILITIES

This form is to be completed by the person seeking to borrow funds from a financial institution for a project/equipment that is eligible for support under the Opportunity Illinois: Consumer Loan Program for Illinoisans with Disabilities sponsored by the Office of the Illinois State Treasurer Alexi Giannoulis. This form should be completed with the assistance of the financial institution that will be the lender. The information on this form will allow the Treasurer's Office to determine eligibility for participation in the program.

PLEASE TYPE ALL REQUESTED INFORMATION

Section 1

APPLICANT/FINANCIAL INSTITUTION INFORMATION

1.1 Describe the Use of Funds: _____

1.2 Applicant Information:

Applicant Name: _____
Address: _____
City, State, Zip: _____ County: _____
Social Security Number: _____
Phone Number: _____ Fax Number: _____
Contact Person: _____

1.3 Financial Institution:

Institution Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Contact Person: _____ Title: _____

Section 2

PROJECT/LOAN INFORMATION

Please type the following information on separate sheets, as needed, in the following format. Use the section numbers provided.

2.1 Project Information:

- 2.1.1 Provide a detailed description of the use and purpose of the project/equipment.
- 2.1.2 Location of the project (Street, City, County and Zip Code).
- 2.1.3 Nature of the disability, please include a doctor's letter.
- 2.1.4 Relationship of the applicant to the person with the disability, if applicable.
- 2.1.5 Explanation of how the proposed project/equipment will assist the applicant with his/her disability.
- 2.1.6 Borrower must provide a brief explanation why conventional loan financing is not adequate and why the Treasurer's linked deposit is the necessary incentive for the project to be implemented.

2.2 Financial Information:

Term of loan: (2 year maximum initial deposit period with a possible 3-year renewal)	_____
Amount of loan requested:	\$ _____
Additional funding sources and amounts: List if applicable (i.e. grants, loans, etc.)	
<u>Source:</u>	<u>Amount:</u>
_____	\$ _____
_____	\$ _____
Total cost of project: (Including this loan request and additional funding sources)	\$ _____

2.3 Funding Information:

2.3.1 Construction: (Attach contractor's cost estimates)	\$ _____
2.3.2 Equipment: (Attach price quotes from vendor(s))	\$ _____
Total:	\$ _____

Section 3

CERTIFICATIONS & ACKNOWLEDGEMENTS

By signing below the applicant agrees and certifies as follows:

- The State Treasurer's Office may withdraw the deposit and the financial institution may accelerate repayment of the loan if the borrower fails to satisfy all of the requirements of the Opportunity Illinois: Consumer Loan Program for Illinoisans with Disabilities.
- Neither the applicant, nor an immediate family member of the borrower, is a director, officer or employee of the financial institution or the State Treasurer's Office.
- The applicant understands that all information and documentation regarding the State Treasurer's Opportunity Illinois: Consumer Loan Program for Illinoisans with Disabilities is public information. The State Treasurer's Office may release any information provided to it by the applicant and may also release any information regarding the approval or rejection of the application.
- The applicant understands that the State Treasurer's Office may reject any application for any reason at its sole discretion.
- The applicant's gross annual household income does not exceed \$100,000.
- The combined net worth of the applicant's household does not exceed \$500,000.
- Borrower acknowledges that the Treasurer's Office may perform site visits at the project location for compliance purposes. Borrower also agrees to cooperate with the Treasurer's Office in carrying out the site visit.
- I certify, to the best of my knowledge, that the foregoing statements and the information I have provided are true and complete. I shall promptly notify the Illinois State Treasurer's Office of any changes in the information provided. I understand that a false or incomplete statement may result in the Treasurer's Office withdrawing the deposit and the financial institution accelerating the repayment of the loan without penalty and both entities seeking any other available relief. I also understand that an individual who provides a false statement may be subject to criminal prosecution under the Illinois Criminal Code (720 ILCS 5 et seq.).

Signature: _____ Title: _____

Print Name: _____ Date: _____

Please return this completed application and written Project/Loan Information (from Section 2) to:

Alexi Giannoulis
Illinois State Treasurer
Opportunity Illinois: Consumer Loan Program
For Illinoisans with Disabilities
100 West Randolph Street, Suite 15-600
Chicago, Illinois 60601
Phone: (312) 814-1244
Fax: (312) 814-3716

www.treasurer.il.gov